



TOWN OF ANDOVER MASSACHUSETTS

DESIGN ADVISORY GROUP

Sign review

Date Filed: _____

Hearing Date: _____

Zoning District: _____

1) Site Address: _____

2) Owner: _____

3) Applicant (If Not Owner): _____

4) Number of Signs: _____ Size of Sign: _____

5) Site of Proposed Sign or Signs: _____

6) Materials: _____

7) How attached : ☐ Against the Wall
☐ Perpendicular to the Wall
☐ Free Standing

8) Illumination: ☐ Not Illuminated
☐ Internally Illuminated
☐ Illuminated from Separate Service

8) Proposed Colors: Background _____
Lettering _____
Border _____

9) Will Sign overhang any public road or walkway: ☐ Yes ☐ No

10) If Yes, Name of Agency who will provide Liability Insurance: _____

NOTE: Andover Zoning By-Law, Chapter VIII, Section VI, Par. D (6) "Any Sign projecting over a public right-of-way shall be covered by appropriate Liability Insurance as verified by a Certificate of Insurance filed with the Town Clerk"

11) Is Board of Appeals decision required? ☐ Yes ☐ No

12) Attachments required for Approval: (Original & 3 Copies)

Photographs of Building
Material Sample
Color Samples
Site of Plot Plan (required for all free-standing signs)
Drawings of proposed Sign
Other, specify: _____

NOTE: The applicant must personally appear at the Design Advisory Group Meeting.
No Sign Application will be reviewed without the Owner or his Authorized Agent present.

No Building Permits for signs in the General Business and Mixed Use Districts will be issued without the appropriate D.A.G. Review.

Signature of
Applicant: _____

Telephone No. _____

FOR OFFICE USE ONLY

Approved by D.A.G. Date: _____

Not Approved: Date: _____

Comments: _____
